

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

***REQUEST FOR PROPOSALS TO PROVIDE
SUPPORTIVE HOUSING FOR CONSUMERS DISCHARGED FROM STATE
PSYCHIATRIC HOSPITALS WITH A HISTORY OF FORENSICALLY-INVOLVED
COMMITMENT***

January 30, 2012

Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services

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STATE OF NEW JERSEY

**DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
REQUEST FOR PROPOSALS**

**To Provide Supportive Housing For Consumers Discharged From State Psychiatric
Hospitals with a History of Forensically-Involved Commitment**

I. Introduction

The New Jersey Division of Mental Health and Addiction Services (DMHAS) continues to implement the recommendations put forth in the Governor's Task Force on Mental Health final report (herein referred to as the Task Force report) issued March 2005. The recommendations of the Task Force serve as a catalyst for the transformation of the mental health system, focusing on treatment, wellness and recovery.

This current RFP focuses on the Task Force's recommendation for the expansion of permanent Supportive Housing opportunities for mental health consumers and is consistent with the U.S. Supreme Court Olmstead decision.

There is significant stigma associated with the perception that individuals diagnosed with a mental illness are prone to be violent (Mental Health: Report of the Surgeon General, 1999). "Research supports some public concerns, but the overall likelihood of violence is low. The greatest risk of violence is from individuals who have dual diagnoses, such as individuals who have a mental disorder as well as a substance abuse disorder" (DHHS, Mental Health; A Report of the Surgeon General, 1999). However, research has shown that only about 1 in 5 (20%) violent crimes are committed by individuals with a severe mental illness (BBC news, 2006). Moreover, research has suggested that violent crimes are more common for individuals diagnosed with a mental illness when the following risk factors such as substance abuse, history of violence or physical abuse and recent significant stressors are present (Elbogen and Johnson, 2009).

Within the current initiative, DMHAS is announcing the availability of funds to develop or expand enhanced Supportive Housing Services. These services are being specifically developed to address the housing and community support needs of the persons who are ready for discharge from psychiatric hospitals and have a history of forensically- involved commitment.

II. Background and Approach

While DMHAS has a long history of seeking to develop and expand the network of community housing opportunities for persons with serious mental illness, this current RFP is part of a specific initiative related to the Olmstead Settlement Agreement, under which DMHAS has committed to effecting the timely discharge of persons in State hospitals

determined to no longer require that level of care. These persons, given the status of “Conditional Extension Pending Placement” (CEPP) have experienced delays in their discharge because of a lack of appropriate community housing and related support services, legal issues, and/or refusal to leave the hospital. DMHAS is committed to discharging these persons as promptly as possible and within six months of their being placed on CEPP status.

Supportive Housing involves lease-based housing opportunities paired with flexible support services that meet the individual’s varying needs and preferences. The model is endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery.

For persons leaving a state psychiatric hospital, enhanced Supportive Housing program services can address the needs of consumers who may require intensive but varying degrees of support in the transition from hospital to community living. In so doing, the consumer is assisted in maintaining permanency in their housing. It is expected these services will reduce the need to relocate consumers due to fluctuation in status by adjusting service intensity to address consumer need, thereby facilitating increased permanence in the living arrangement.

The overall service focus will demonstrate the provision of supports that promote wellness, recovery and resiliency. In addition, services will provide and/or arrange for specialized treatment and counseling to address symptomatology and/or behaviors that result in contact with the criminal justice system. In addition, services are to be aimed at achieving community integration, illness management, socialization, work readiness, employment and developing peer support, skills and opportunities that foster increased personal responsibility for one’s life.

Consumers are considered full partners in planning their own care and support service needs, and identifying and directing the types of activities which would most help them maximize opportunities for successful community living. Staff support is to be provided through a flexible schedule, which must be adjusted as consumer needs or interests change. The Supportive Housing model encourages consumer use of other community mental health treatment, employment and rehabilitation services, as needed and appropriate. In order to avoid duplication of effort, individuals who will be served by Programs of Assertive Community Treatment (PACT) or Integrated Case Management Services (ICMS) are not eligible for Supportive Housing services under contracts awarded pursuant to this RFP.

Proposals that seek to develop or access housing units by leveraging resources beyond DMHAS are preferred and will be prioritized for funding. The objective is to encourage the creative coupling of DMHAS funding for support services with capital or housing program funds, such as Special Needs Housing Trust Fund, Section 811 housing, Department of Community Affairs programs, Public Housing Authorities, private sector funding opportunities, and other mainstream housing resources. Agencies that own housing will score additional points. DMHAS will also consider giving priority to homes that are located in areas that decrease opportunities for re-offending. No capital funding is available from DMHAS through this initiative. If DMHAS funded rental subsidies are needed, evidence of

long-term (5 year minimum) lease agreements with potential landlords must be included with the proposal in order for the proposal to be considered for funding.

III. Purpose of Request

DMHAS seeks proposals to develop Supportive Housing and related services for persons on CEPP status in Ancora and Trenton State Psychiatric Hospitals, following forensically-involved commitment.

This funding will provide new housing opportunities for a minimum of 25 individuals. Please note that although this current initiative is a statewide solicitation to serve individuals in Ancora and Trenton state psychiatric hospitals, DMHAS reserves the right not to award a proposal that scores high if the need within a geographical area is met. For example proposals from three different agencies are received to develop a bed for Gloucester County (bed need by county is identified below); DMHAS will award the highest ranking proposal and not award the other proposals because they would exceed the bed need for the County.

The breakdown of the individuals in Ancora and Trenton Psychiatric Hospital as of November 1, 2011 who meet the target population described in Section VI of this RFP is as follows:

County of Residence	Total Target Pop.	County of Residence	Total Target Pop.
Atlantic	5	Middlesex	1
Bergen	0	Monmouth	3
Burlington	1	Morris	0
Camden	3	Ocean	3
Cape May	2	Passaic	0
Cumberland	2	Salem	1
Essex	3	Sussex	0
Gloucester	1	Union	2
Hudson	2	Warren	2
Mercer	2	unknown	1

DMHAS will identify the consumers to be served through this funding, and will work with successful applicants in assessing service and support needs for successful community living. The provider agency must accept consumers identified by DMHAS as appropriate for the Supportive Housing program, consistent with the consumer attributes delineated in this RFP, within the timeframes identified by DMHAS. Agency staff will begin working with identified consumers as soon as possible after contract award but prior to actual discharge to facilitate relationship building, housing preference and needs assessments.

Each proposal will be expected to describe how the applicant will accommodate discharges so as to reach a full capacity no later than four months after contract negotiation is completed. Service phase-in timelines will be a major factor in the evaluation of proposals.

IV. Funding Availability

This RFP makes available \$2 million or \$80,000 per bed, on an annualized basis to serve a minimum of 25 CEPP individuals with legal issues and/or sexually problematic behaviors in enhanced Supportive Housing. Priority consideration will be given to those agencies that have already leveraged capital funding and have the ability to place consumers into new Supportive Housing units by June 30, 2012. Funding available is inclusive of rental subsidy funding.

V. Provider Qualifications

In order to be eligible for consideration for this Request for Proposal:

1. The applicant must be a government entity or a corporation duly registered to conduct business within the State of New Jersey.
2. The applicant must be a fiscally viable for-profit or non-profit organization or government entity and document demonstrable experience in successfully providing mental health support, rehabilitation, and treatment or housing services for adults with serious and persistent mental illness.
3. The applicant must currently meet DMHAS residential licensing standards or be capable of meeting such standards were a contract to be awarded.
4. The applicant must be able to demonstrate its experience in providing housing and supportive services in permanent, lease-based housing settings to the targeted mental health consumer described in this RFP.
5. The applicant must be willing to accept into service those consumers identified by DMHAS.
6. The applicant must demonstrate the ability to comply with all rules and regulations for any DMHAS program element of service proposed by the applicant.
7. The applicant must comply with the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).
8. Any fiscally viable corporation, as noted above, which meets the qualifications

of the Department of Human Services' Contract Policy and Information Manual, N.J.A.C. 10:3, may apply. A copy of this manual can be accessed from the webpage of the Office of Contract Policy and Management webpage at: <http://www.state.nj.us/humanservices/ocpm/home/resources/>.

Applicants may contact the Division of Mental Health and Addiction Services Contract Unit at 609-777-0628 with general questions about the requirements in these manuals.

9. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and, if applicable, provide documentation of their current non-profit status under Federal 501 (c) (3) regulations, as applicable.

VI. Target Population

DMHAS, as part of its approved Olmstead Settlement Agreement, has prioritized 25 forensically-involved CEPP individuals for discharge from Ancora and Trenton State Psychiatric Hospitals during Fiscal Year 2012 under this funding announcement.

The consumers to be served pursuant to this announcement are those individuals in the state psychiatric hospitals who are ready for discharge and have a history of being forensic commitments. A description of the legal histories of the individuals served through this initiative includes those that are forensically-involved including Megan's Law Registrants and persons whose criminal histories include having been convicted or made NGRI by a court for one or more of the following: murder, aggravated assault, manslaughter, aggravated sexual assault, sexual assault, criminal sexual contact, robbery in the first degree, aggravated assault, aggravated arson, arson, kidnapping or a crime that is similar to one of the aforementioned crimes.

Consistent with the supportive housing model these consumers may require 24/7 staffing on-site or in the immediate proximity (clustered sites with on-site staff within cluster) at the time of discharge, which may be titrated down as per individual needs. Some consumers will be prescribed long-acting injectable medications. A few may need home health aides for assistance with activities of daily living, including showering, dietary restrictions/assistance with eating, toileting (including toileting during the night). Staff shall possess the clinical skills needed to address issues such as poor impulse control, conflict resolution, intermittent explosive disorder, arson history, self-injurious behavior (i.e., burning, cutting, teeth pulling), florid psychosis and sexually problematic behaviors. Staff will need the skills to develop a daily living plan (structured day activities).

Opportunistic offenders (and others) may require all-male staff at all times and staff should be familiar with consumers' individual high risk behaviors and triggers. Supervision will be required to develop an appropriate service and treatment plan that addresses the individual's needs which may include preventing opportunities for re-offending, providing linkage to parole, and close collaboration with courts and other components of the criminal justice system, as needed. Sex offender treatment linkage must be met for some individuals,

and some will require individual and/or group therapy (provision or linkage). Most individuals will require on-site drug and alcohol relapse prevention with transportation and assurance of follow-up at AA/NA or Co-occurring (addiction use disorder and mental illness) self-help meetings – linkage with a sponsor, joining a home group, etc. Transportation may need to be provided due to the opportunistic nature of past crimes; consequently in certain cases taking public transportation may be contraindicated.

Successful proposals will describe clear and effective strategies to address the identified consumers' needs in a community setting as well as the consumers' fears, concerns, and reluctance regarding returning to the community. These strategies and interventions must include the provision and/or linkage to services and treatment that focuses on education, the attainment of problem-solving skills, and reduction of behaviors to reduce criminal or self-destructive behavior. The risk management of sexually problematic and violent behaviors will inform the clinical model. The proposal must identify how evidence-based practices such as cognitive-behavioral therapies, motivational interviewing, stage-based approaches to behavioral change, trauma-informed treatment techniques, Dialectical Behavior Therapy (DBT) will be provided and or arranged in the proposed service, if needed.

Agencies must also demonstrate an active plan to address consumers' substance abuse issues, including how they would provide or access substance abuse services, and develop and maintain linkages and relationships with appropriate substance abuse services available in the community.

Gradual transition into the community may be necessary (with waivers for Administrative Bulletin 5:11) with longer brief visits to ensure safety. Brief visits must incorporate a realistic dialogue between the community agency staff and hospital treatment team (i.e., "How did it go?"; "What did you see?" and/or "This is how we handle it."). Much collaboration during the transition process will be required. Honest dialogue with law enforcement prior to, during, and after discharge may be required. For individuals on conditional release or who require parole supervision or Krol court oversight, agency staff will monitor compliance with post-discharge conditions (e.g., program attendance, urine drug screens, medication), The agency shall have protocols in place to ensure the immediate notification of the appropriate authorities when violations of conditions occur or there is recognition of the re-emergence of high risk behaviors.

Division staff will attempt to tailor referrals based on agency proposals, but any agency submitting a proposal under this announcement must be prepared to accept DMHAS referrals as a condition of contracting. In no case will an agency receive an executed contract until it has accepted referred individuals, to ensure that DMHAS' obligations in this matter have been appropriately addressed.

Subsequent to the issuance of this RFP DMHAS will develop a consultation/technical assistance resource for providers serving individuals who have prior forensic commitments as described in this RFP. This resource will provide training and technical assistance to the provider community. Agencies receiving funding through this initiative will be expected to participate in ongoing technical assistance and training opportunities that will allow selected providers to serve more effectively those individuals whose needs are to be addressed through this funding opportunity.

VII. Service Outcome Requirements

DMHAS anticipates a full evaluation of program outcomes, including legal status, community tenure, timeliness of full service activation, consumer satisfaction, and achievement of identified wellness and recovery related goals. Successful applicants must agree to participate and respond to DMHAS-generated data requests and evaluation protocols.

Program performance must encompass the following values and practices:

- Consumer driven and centered – a fully collaborative partnership that addresses consumer-identified needs and priorities;
- Flexible, individualized services – a mix of assistance, support, and services provided in the individual's home, and coordination with other programs (including, but not limited to, supported employment, self-help groups/centers, outpatient, educational resources, and partial care services, should the consumer desire such services) to comprehensively support achievement of consumer goals;
- Outcome orientation – service provision will result in the attainment of measurable consumer outcomes; consumer outcomes must include community tenure (low rates of hospitalization and incarceration post community placement), consumer goal attainment and rate of consumer employment; and
- Personal assistance approach – a personal assistance style with an emphasis on education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation, and appropriate use of primary mental health services.

VIII. Clustering and Fiscal Consequences Related to Performance

Programs awarded pursuant to this RFP will be separately clustered until such time as DMHAS determines, at its sole discretion, that the program is stable in terms of service provision, expenditures, and, as applicable, revenue generation.

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation.

Operating expenses for Supportive Housing services will be awarded to commence no earlier than three months prior to commencement of service provision (including consumer engagement activities within the state hospital). Should occupancy be delayed, through no

fault of the service provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall DMHAS be required to continue funding when service commencement commitments are not met and in no case shall funding be provided for a period of incomplete or non-occupancy in excess of 3 months. Should occupancy not be achieved and consequently services not rendered, funds provided pursuant to this agreement shall be returned to DMHAS.

IX. Requirements for Submission

Proposals must address the following:

1. **Funding Proposal Cover Sheet.** Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package.
2. **Indicate the number of consumers that will be placed into new permanent Supportive Housing units as a result of this initiative.**
3. **Provide your proposed admission criteria (inclusionary, and exclusionary if applicable).**
4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process.**
 - Barriers may be related to housing funding sources, which exclude consumers with certain criminal backgrounds, other residents of the program (i.e., domestic violence victims) and age restrictions, etc.
5. **Specifically describe how the proposed program will actively address consumers' legal issues and/or sexually problematic behaviors.** Include assessment for triggers and ability to protect consumers and the public, prevention of re-offending, linkage to parole, treatment provision/linkage, follow-up with psychiatric services, and continuity of the hospital's treatment planning goals.
6. **Describe how the proposed program will work with law enforcement (i.e., probation, the courts, the municipalities).** The proposal must articulate specifically what the applicant will do to assist individuals to comply with registration requirements (for Megan's Law status), terms of probation if applicable, and preparing and providing written or oral status reports to the court. In addition, the provider must articulate how they will work with law enforcement agencies including parole, probation, the courts, and the Attorney General's office of the respective county where the individual is tiered to notify them if an individual violates any legal conditions imposed by the courts or Megan's Law.
7. **Describe an active on-site plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies;**

incorporating substance abuse education, treatment, and support into a consumer's array of services; developing and maintaining linkages and relationships with appropriate substance abuse services available in the community.

8. **Describe how medication monitoring/prompting and any required blood work will be addressed in order to optimize medication adherence.**
9. **If needed by referred consumers, how will you assist consumers to help them attain daily living skills including showering, eating, toileting, etc?**
10. **How will the issues below be addressed? Include what services and interventions you will provide and what qualifications staff will have to address these issues and supervise the services provided to consumers in each of the following areas.**
 - a) Poor impulse control;
 - b) Conflict resolution;
 - c) Anger management;
 - d) Intermittent explosive disorder;
 - e) Arson history;
 - f) Self injurious behavior (burning, cutting, teeth pulling);
 - g) Florid psychosis/active fixed delusions;
 - h) Challenging behavior (urinating in public places, exposing self, public masturbation, threatening behavior, etc.);
 - i) Transportation (for both opportunistic offenders and those who are not considered opportunistic);
 - j) Independent living skills (budgeting, shopping, cooking, cleaning, mail, etc.);
 - k) Brief visits (if needed) and collaboration with hospital treatment team; and
 - l) Planned dialogue and relationship with law enforcement.
 - m) Treatment for relapse prevention related to legal offense
 - n) Treatment for relapse prevention related to substance use/abuse disorder
11. **How will Wellness & Recovery be addressed? Please include the agency approach to:**
 - a. Wellness Recovery Action Plans(WRAP);
 - b. Psychiatric Advance Directives;
 - c. Smoking Cessation and other physical health initiatives;
 - d. Employment and educational opportunities; and
 - e. Daily living plans (structured day activities)
12. **Provide a brief description of the housing model(s) that will be made available (single family homes, one-bedroom apartments, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc.) and the location.**

- 13. Include rationale for choosing this particular housing design (one or more bedrooms, scattered or clustered site, single family, shared, mixed use, etc.) and the location.**
- 14. Provide the Municipality and County where housing will be located.**
- 15. Provide a complete list of capital and operating funding (source of capital and project or tenant-based rental assistance) if you have or are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available)?**
 - Purchased and project-based subsidized housing will be prioritized for award. If you plan project-based subsidized housing, a letter from the landlord with a promise of a minimum five-year lease agreement for the units must be included. Please note that a five-year lease agreement “renewable annually” is considered an annual lease agreement.
- 16. Provide a detailed monthly timeline of activities from award notification, to engagement and placement of the target population.**
- 17. Discuss the number of staff (direct service, administrative and support) that will be used for this initiative.**
- 18. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons (please do NOT attach complete job descriptions).**
- 19. Discuss how staffing will take into consideration individuals who are opportunistic offenders.**
- 20. Provide a workweek schedule detailing how you will deploy the staff identified above to assure 24/7 on-site availability (or clustered site with on-site staff) at the time of discharge (which may be titrated down over time) so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change.**
- 21. Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with or on behalf of the consumer, during the phase-in period and annually thereafter. Identify the average number of hours of service one client will get per week at start-up.**
- 22. Describe your experience and success in providing supportive services to, and/or development of housing opportunities for the intended target population.**
- 23. Statement of Assurances signed by Chief Executive Officer (Attachment C).**
- 24. Signed Debarment Certification (Attachment D)**

Applicants who do not currently contract with DMHAS must also include the following:

- a. Organization history including mission, and goals;
- b. Overview of agency services;
- c. Documentation of incorporation status;
- d. Agency organization chart;
- e. Agency code of ethics and /or conflict of interest policy;
- f. Most recent agency audit;
- g. Listing of current Board of Directors, officers and terms of each;
- h. Documentation that agency meets qualifying requirements for DHS program contract; and
- i. Current Agency Licensure/Accreditation Status.
- j. N.J.S.A. 52:34-13.2 Certification, Source Disclosure Certification form-DPA (formerly Executive Order 129) (signed and dated).
- k. P.L. 2005, Chapters 51 and 271 and Executive Order 117 (for profit organizations only) (signed and dated).
- l. Documentation of the Applicant's NJ Charitable Registration and Business Registration.

Applicants with current DMHAS contracts must submit a statement asserting the DMHAS has current documentation on items "a" through "l" above. Any items that are not up-to-date must accompany the current proposal.

Application program narratives must be no more than 25 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying. If an applicant submits a proposal that exceeds this 25 page limit, DMHAS will only consider, review and score the first 25 pages (excluding attachments and budget).

X. Budget Requirements

A program budget with the following characteristics must be submitted:

- a) Provide a detailed budget using the Annex B categories for expenses and revenues, utilizing the Excel template which will be e-mailed based on the attendance list from the Bidders' Conference. The budget must be presented in three clearly labeled separate columns:
 - i. One to show the full annualized operating costs excluding one-time costs;
 - ii. One to show only the one-time costs; and
 - iii. One to show the phase-in amount excluding one-time costs.
- b) Phase-in budget figures must be based on the date that the applicant proposes to commence operations until such time as services and placements are fully phased-in, irrespective of contract year.
- c) Both phase-in and annualized budgets must project revenues and explain assumptions of the methodology used to determine projections. The budgets must also include funding needed to support rental subsidy costs, if required.

- d) All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at: <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The Contracting Manuals' link is available from the webpage sidebar.
- e) Budget Notes are often useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate information could result in lower ranking of the proposal. Please provide Budget Notes if you believe such notes would assist the reviewers. Enter notes, to the maximum extent possible, on the budget template file itself.
- f) Include name and addresses of any organization providing support other than third party payers.
- g) If the proposal includes programs for more than one County or region, it will be necessary to organize your annualized budget and start-up budget with separate columns (cost centers) for each applicable County/region.
- h) For personnel line items, staff names should not be included, but the staff position titles and hours per workweek are needed.
- i) Provide the number of hours associated with each line of any clinical consultant so that cost/hour may be considered by the evaluators.
- j) Staff fringe benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.
- k) If applicable, General & Administrative (G & A) expenses, otherwise known as indirect or overhead costs, should be included, if attributable and allocable to the proposed program. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, applicants that currently contract with DMHAS should limit their G & A expense projection to "new" G & A only.

Please note that Supportive Housing is not currently reimbursable under Medicaid guidelines. However, DMHAS and the Division of Medical Assistance and Health Services are developing regulations that will enable providers to bill for the Community Support Services provided in the Supportive Housing environment. When this reimbursement become available, applicants successfully responding to this RFP will be required to enroll in the Medicaid program and bill for all covered services, for all covered individuals and to apply such revenue to their Supportive Housing programs. Applicants that are eligible to bill Medicaid for case management services are expected to do so, and should show projected Medicaid revenue in their proposed budget.

Required Respondent Assurances: Express written assurance that if your organization receives an award pursuant to this RFP you will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to maintain certification may result in termination of the service contract.

XI. Mandatory Bidders Conference

All applicants intending to submit a proposal in response to this RFP must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered. The Bidders' Conference will be held at the following time and place:

Date: February 8, 2012
Time: 10:00 AM - noon
Location: 222 South Warren Street, 1st floor
Trenton, NJ 08625

Agencies intending to submit proposals are encouraged to confirm their attendance with Diana Gittens, Office of Treatment and Recovery Support at 609-777-0708, no later than two days prior to the Bidders Conference.

XII. Submission of Proposals

All proposals are due to the offices below no later than 4:00 PM, March 19, 2012. Submit your proposal in a single file PDF format via email to Cathy.Boland@dhs.state.nj.us. Multiple PDF attachments and emails will not be accepted. Your email "subject" MUST include your agency name, and the proposal name and date. Submit the budget template file as an excel (not PDF) e-mail attachment addressed to Elaine.Welsh@dhs.state.nj.us with a copy to Joel.Boehmler@dhs.state.nj.us. Additionally, six copies of the proposal narrative and budget (with one signed original) must be submitted to the attention of Cathy Boland no later than 4:00 pm, March 19, 2012, at the following address:

**Division of Mental Health and Addiction Services
Capital Center, 50 E. State St.
PO BOX 727
Trenton, NJ 08625-0727**

Please note that no format other than PDF for the narrative and Excel for the budget will be accepted for this RFP. Proposals submitted after the required timeframe will not be accepted.

Four copies and an electronic single file PDF format must also be submitted by the same deadline to the County Mental Health Administrator(s) for the county(ies) in which housing is proposed for development.

XIII. Review of Proposals and Notification of Preliminary Award

There will be a review process for all timely submitted proposals which meet all the requirements outlined in this RFP.

A committee comprised of DMHAS Regional, Central Office, Contracts, and State Hospital staff will review the proposals. Past performance related to an organization's ability to process referrals, accept, place and serve individuals from state psychiatric hospitals will be considered in proposal evaluation process.

Recommendations from the County Mental Health Boards will be requested and carefully considered in the award determination process. Recommendations from the County Mental Health Boards should be submitted by no later than April 9, 2012 to ensure they are an integral part of the proposal evaluation process.

DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric services. Input from consumers and family members are integral components of a system that holds Wellness and Recovery principles at its core. Consequently, DMHAS will convene an advisory group consisting of consumers and family members to meet with members of the RFP review committee and provide their input regarding each of the proposals submitted. This input will be incorporated into the final deliberations of the review committee.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the Applicant(s) to provide adequate services, and indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing Department Contracts, and procedures set forth in DHS CPIM Policy Circular P1.04.

DMHAS will notify all applicants of preliminary award decisions by April 27, 2012.

XIV. Appeal of Award Decisions

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by DMHAS at the address below no later than 4:00p.m. on May 4, 2012. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services
Capital Center
50 East State Street, P. O. B ox 727
Trenton, NJ 08625-0727

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding.

DMHAS will review any appeals and render final decisions by May 11, 2012. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XV. Bibliography

BBC News. Mental health crime link studied. July 28, 2006.
<http://news.bbc.co.uk/2/hi/health/5216836.stm>.

DHHS. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. <http://www.surgeongeneral.gov/library/mentalhealth/toc.html>.

Elbogen, E.B. & Johnson, S.C. (2009). The Intricate Link between Violence and Mental Disorder. Results from the National Epidemiologic Survey on Alcohol and Related Conditions. Archives of General Psychiatry, 66(2):152-161.

Attachment A

Date Received

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

(Supportive Housing Services for Persons Discharged from State Psychiatric Hospitals)

Cover Sheet (please place on top of submitted proposal)

Proposal Summary Information

Incorporated Name of Applicant: _____

Type: _____

Public _____ Profit _____ Non-Profit _____ , or Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number _____

Address of Applicant: _____

Address of Service(s): _____

Contact Person(name/title): _____ Phone No.: _____

Fax _____ Email _____

Total dollar amount requested: _____ Fiscal Year End: _____

Total Match Required: _____ Match Secured: Yes _____ No _____

Funding Period: From _____ to _____

Total number of unduplicated clients to be served: _____

County where housing and services are to be provided _____

Total number of new beds to be made available _____

Authorization: Chief Executive Officer: _____

(Please print)

Signature: _____ Date: _____

Attachment B

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Attachment C

Department of Human Services Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 1975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.

- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

6/97

Attachment D

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility, and
Voluntary Exclusion
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible,

or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.